

Golf Postural & Musculoskeletal Screening Report



Name: _____ **Date:** _____ **Handicap:** _____ **L/R Handed:** _____

Previous Injuries: <ul style="list-style-type: none"> • • • Posture/Motor Pattern: <ul style="list-style-type: none"> • • • Upper Body Segment: <ul style="list-style-type: none"> • • • 	Middle Body Segment: <ul style="list-style-type: none"> • • • • Lower Body Segment: <ul style="list-style-type: none"> • • •
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PGA COACH/BIOMECHANIST Technical Breakdowns & 3D

<u>Pre-Swing</u> 1. 2. 3.	<u>In-Swing</u> 1. 2. 3.
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<u>Technical/Physical Correlations</u> 1. 2. 3.	<u>Comments</u> 1. 2. 3.
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Other: Equipment/Launch monitor/PuttLab/Performance Analysis

Topic	Comments	Referral/Action
1.		
2.		
3.		
4.		

Priorities	Comments	Drills
1.		
2.		
3.		
4.		



Training Plan & Recommendations

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							

Fill in the training activities in the spaces provided. This will include (in order)
Sleep, rehab exercises, work, study, competition, practice, stretching, gym, recovery, social.

Pin this plan on your noticeboard so you can refer to it daily.

You can create a colour legend if you wish to make your weekly plan more clear. You will probably need to review this plan every 6-8 weeks with changes to your schedule.

Priorities and Outcomes over the next month

<u>Outcome</u>	<u>How I will achieve this</u>
1.	1.
2.	2.
3.	3.
4.	4.